

07-1700

APPROV

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Docket Number: 99/122

PROVISIONAL APPLICATION FOR PATENT COVER SHEET (Small Entity)

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.63 (c).

INVENTOR(S)/APPLICANT(S)					
Given Name (first and middle [if any])		Family Name or Surname		Residence (City and either State or Foreign Country)	
Norman		Mohl		157 West 79th Street, Suite #A New York, NY 10024	
<input type="checkbox"/> Additional inventors are being named on page 2 attached hereto					
TITLE OF THE INVENTION (280 characters max)					
LOCATING SYSTEM AND METHOD					
CORRESPONDENCE ADDRESS					
Direct all correspondence to:					
<input type="checkbox"/> Customer Number		<div>Place Customer Number Bar Code Label here</div>			
OR					
<input checked="" type="checkbox"/> Firm or Individual Name		LAWRENCE S. COHEN, Attorney at Law			
Address		LAW OFFICE OF LAWRENCE S. COHEN			
Address		10960 Wilshire Boulevard, Suite 1220			
City		Los Angeles	State	CA	ZIP 90024
Country		U.S.A.	Telephone	(310) 231-6898	Fax (310) 231-6899
ENCLOSED APPLICATION PARTS (check all that apply)					
<input checked="" type="checkbox"/> Specification	Number of Pages	10	<input checked="" type="checkbox"/> Small Entity Statement		
<input checked="" type="checkbox"/> Drawing(s)	Number of Sheets	13	<input type="checkbox"/> Other (specify)		
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)					
<input checked="" type="checkbox"/> A check or money order is enclosed to cover the filing fees				FILING FEE AMOUNT (\$)	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number:		50-1054		\$75.00	
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.					
<input checked="" type="checkbox"/> No.					
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are:					

Respectfully submitted,

SIGNATURE

L. S. Cohen

Date

JULY 14, 2000

TYPED or PRINTED NAME

LAWRENCE S. COHEN, ESQ.

REGISTRATION NO.
(if appropriate)

25,225

TELEPHONE

(310) 231-6898

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, DC 20231

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JUL 14 '00 09:25 FR LAURENCE S COHEN ATTY 18 231 6899 TO 912127249172

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Applicant or Patentee:

Docket No: 98/122

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.8(f) and 1.27(b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.8(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled **LOCATING SYSTEM AND METHOD** described in

- ☒ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.8(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.8(d) or a nonprofit organization under 37 CFR 1.8(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization
☐ persons, concerns or organizations listed below:

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

FULL NAME

ADDRESS

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME

ADDRESS

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME

ADDRESS

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NORMAN MOHI

NAME OF INVENTOR



Signature of Inventor

7/14/2000

Date

NAME OF INVENTOR

Signature of Inventor

Date

NAME OF INVENTOR

Signature of Inventor

Date

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** TOTAL PAGE: 031 **
PAGE: 001